



CITY OF RALEIGH POLICE DEPARTMENT

Interfaith Community Ambassadors for Responsive Engagement (I-CARE)



Thank you for your interest in becoming a member of the Raleigh Police Department's Interfaith Community Ambassadors for Responsive Engagement (I-CARE) team. Please complete the application provided. Personal information you provide is required to complete the background investigation. All information submitted will be kept confidential and solely used to assess your eligibility for the I-CARE team.

The policy of the City of Raleigh is, and shall be to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life.

The Raleigh Police Department welcomes the participation of all individuals, including those with disabilities. We are committed to compliance with the Americans with Disabilities Act and will provide reasonable accommodations to facilitate participation in this program. To ensure that reasonable accommodations are in place, we ask that every effort be made to inform us of reasonable accommodation requests at least two weeks prior to the start date of the Interfaith Community Ambassadors for Responsive Engagement (I-CARE) team by contacting Shelly Owens, Executive Management Coordinator at 919-996-3385 or shelly.owens@raleighnc.gov.

We look forward to collaborating with you and members of your house of worship.

ICARE@RALEIGHNC.GOV

RALEIGH POLICE DEPARTMENT- ATTN: I-CARE
6716 Six Forks Road Raleigh, NC 27615



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APPLICATION page 1 of 3

NAME

Primary Applicant

Secondary Applicant- will serve in the absence of the primary member

First Name

Last Name

EMAIL

DAY TIME & EVENING PHONE

ADDRESS

City and State

Postal / Zip Code

Drivers License

Number

State

HOUSE OF WORSHIP (NAME & ADDRESS)

EMERGENCY CONTACT

First and Last Name

Phone Number

PLEASE EMAIL YOUR COMPLETED APPLICATION TO ICARE@RALEIGHNC.GOV



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I-CARE Members serve a vital role in our Community. Active Participation by all members is necessary to ensure that our collaborative efforts are inclusive of all members of our faith based communities. Please review and provide printed responses to the questions below.

I commit to attending monthly I-CARE Meetings Check

I commit to a term of (only check one) 12 months 18 months

Please explain why you want to join the Raleigh Police Department's I-CARE team? You may attach a typed document or enter a written response in the space below.

Who can we thank for referring you to the Raleigh Police Department's I-Care Team?

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The Raleigh Police Department and its I-CARE members embrace the rich diversity and unique experiences of our community and houses of worship. Please provide the information below to ensure that we acknowledge and are attentive to important religious observances when scheduling I-CARE events.

Please provide the dates and names of religious observations and celebrated holidays within your house of worship. Include any dietary restrictions associated with your demonination or religious practices.

By submitting this application, you are pledging to faithfully attend and participate in the Raleigh Police Department's I-CARE team to the best of your ability.

SIGNATURE

First and Last Name

Date

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